

(FH-0276-0108X) blue

(FOR EMPLOYERS **WITH** A SEPARATE PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
**LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS**  
RATES EFFECTIVE 4/1/2008 to 12/31/2008

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<b><u>NJ DIRECT15 - #150</u></b>			
Single	\$379.67	-----	\$379.67
Member & Spouse/Partner	\$380.91	\$473.34	\$854.25
Family	\$381.36	\$567.81	\$949.17
Parent & Child	\$380.21	\$151.32	\$531.53
<b><u>NJ DIRECT10 - #050</u></b>			
Single	\$398.70	-----	\$398.70
Member & Spouse/Partner	\$399.94	\$497.13	\$897.07
Family	\$400.39	\$596.35	\$996.74
Parent & Child	\$399.24	\$158.93	\$558.17
<b><u>AETNA, INC. - #019</u></b>			
Single	\$372.22	-----	\$372.22
Member & Spouse/Partner	\$373.46	\$464.04	\$837.50
Family	\$373.91	\$556.65	\$930.56
Parent & Child	\$372.76	\$148.35	\$521.11
<b><u>CIGNA HealthCare HMO - #020</u></b>			
Single	\$375.94	-----	\$375.94
Member & Spouse/Partner	\$377.18	\$468.70	\$845.88
Family	\$377.63	\$562.23	\$939.86
Parent & Child	\$376.48	\$149.84	\$526.32
<b><u>PRESCRIPTION DRUG PROGRAM - #201</u></b>			
Single	\$130.89	-----	\$130.89
Member & Spouse/Partner	\$130.89	\$163.61	\$294.50
Family	\$130.89	\$196.33	\$327.22
Parent & Child	\$130.89	\$52.35	\$183.24

(FH-0277-0108x) yellow

(FOR EMPLOYERS **WITHOUT** A SEPARATE PRESCRIPTION DRUG PLAN)

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
**LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS**  
RATES EFFECTIVE 4/1/2008 to 12/31/2008

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<b><u>NJ DIRECT15 - #150</u></b>			
Single	\$455.60	-----	\$455.60
Member & Spouse/Partner	\$456.84	\$568.26	\$1,025.10
Family	\$457.29	\$681.71	\$1,139.00
Parent & Child	\$456.14	\$181.70	\$637.84
<b><u>NJ DIRECT10 - #050</u></b>			
Single	\$478.44	-----	\$478.44
Member & Spouse/Partner	\$479.68	\$596.80	\$1,076.48
Family	\$480.13	\$715.96	\$1,196.09
Parent & Child	\$478.98	\$190.83	\$669.81
<b><u>AETNA, INC. - #019</u></b>			
Single	\$472.72	-----	\$472.72
Member & Spouse/Partner	\$473.96	\$589.67	\$1,063.63
Family	\$474.41	\$707.40	\$1,181.81
Parent & Child	\$473.26	\$188.55	\$661.81
<b><u>CIGNA HealthCare HMO - #020</u></b>			
Single	\$477.45	-----	\$477.45
Member & Spouse/Partner	\$478.69	\$595.57	\$1,074.26
Family	\$479.14	\$714.48	\$1,193.62
Parent & Child	\$477.99	\$190.44	\$668.43